

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

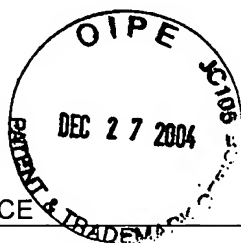
Shigeru OZAWA

Serial No: 10/671,338

Confirmation No.: 5665

Filed: September 25, 2003

For: FLOW CONTROL DEVICE



Art Unit: 3751

Examiner: Fetsuga, Robert M.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 December 23, 2004

Date of Deposit

Joyce Hegeman

Name

December 23, 2004

Signature:

Date

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application is the following items.

- ☒ Response to Restriction Requirement  
☒ Return postcard

The fee has been calculated as shown below:

LG FEE HAS BEEN CALCULATED AS SHOWN BELOW.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

Date: December 23, 2004

By:

Troy M. Schmeltzer  
 Registration No. 36,667  
 Attorney for Applicant(s)

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Patent Application No. 10/671,338  
Attorney Docket No. 81868.0104

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Shigeru OZAWA

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Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated December 6, 2004, setting forth restriction of invention and species requirements. Applicant elects the invention of Group I, claims 1-19. Applicant further elects species II, Figures 12- 17, on which claims 1-9, 11 and 13-19 are readable.

Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: December 23, 2004

By:

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

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